



Directions: Complete all fields on this form and email it to ContactCBCU@hhsc.state.tx.us. You will be notified by email when your request has been reviewed, and if approved, the request will be assigned to a DFPS Special Investigator to obtain the fingerprints from the subject of the FBI background check.

SUBJECT OF FBI BACKGROUND CHECK				
Full Name:		Date of Birth :	Social Security Number	
UEID Number:		Driver's License or ID Number:		
Nature of Disability (Please be specific and provide details of disability; for example, is the person able to leave the home for medical appointments?):				
Home Address:		City:	County:	Region: Zip Code:



HOUSEHOLD MEMBER

Household Member's Name:

Household Member's Phone Number:

PURPOSE OF FBI FINGERPRINT CHECK

Reason for Fingerprinting (CCL Listed Family Home; GRO, CPA, or RCCL Foster/Adoptive Household Member; RCCL FAD Parent; CPS-ICPC/Kinship; CPS FAD Household Member; CPS FAD Parent)

Service Code
(see below):

Case ID Number or Licensing
Operation Name and Number:

Is the applicant required to pay for the cost of fingerprinting? ☐ Yes ☐ No; If yes, how much is the fee?

ORI NUMBER

Service Code	Population	Fingerprint Fee
11BF2V	CCL Childcare Home Household Member	\$37.25
11BR7S	General Residential Operation (GRO) or Child Placing Agency Staff or RCCL (Residential) Foster/Adoptive Household Members	
11BR9Q	RCCL (Residential) foster/adoptive parent	
11BF1B	CPS-ICPC/Kinship placements (non-foster/adoptive related and non-emergency)	
11BRHH	CPS Foster/Adoptive (FAD) household members and visitors (relative or non-relative)	
11BR3Y	CPS Foster/Adoptive (FAD) parent	

REQUESTOR

(Contact information for person initiating this request. This may be a DFPS staff member, agency point of contact, or family member of the homebound individual.)

Contact Name:

Contact Phone Number:

Agency Name (if applicable):

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [privacy policy](#).